

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-575)

SERIAL NO. *10/534230* FILING DATE

APPLICATION

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4	2			1			54						
5	2			1			55						
6	2			1			56						
7	2			1			57						
8	1			1			58						
9	1			1			59						
10	2			1			60						
11	0			1			61						
12	0			1			62						
13	0			1			63						
14	1		1	1			64						
15	1		1	1			65						
16	1		1	1			66						
17	0		1	1			67						
18	0		1	1			68						
19	1		1	1			69						
20	1			1			70						
21	1			1			71						
22	2			1			72						
23	1			1			73						
24	0			1			74						
25	0			1			75						
26	0			1			76						
27	0			1			77						
28	0			1			78						
29	0			1			79						
30	0			1			80						
31	0			1			81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		3		1			TOTAL IND.						
TOTAL DEP.		25		25			TOTAL DEP.						
TOTAL CLAIMS		28					TOTAL CLAIMS						